		Attorney Docket Num	ber	21122-04		
ECLARATION I DES	FOR UTILITY OR	First Named Inventor		HELLER		
PATENT AP		COMPLETE IF KNOWN				
(37 CF	R 1.63)	Application Number				
.	Declaration Submitted after Initial	Filing Date	June 22, 2001 - here			
Declaration Submitted OR		Group Art Unit	To be assigned			
with Initial Filing (surchal Filing (37 CFR 1.16	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	To be Assigned			

the specification of which	h	(Titl	e of the Invention)								
is attached hereto)										
OR was filed on (MM/I			2004								
was filed on (MM/I	(איציאילטנ	June 22	., 2001	as Unite	d States Applica	ition Number or	PCT International				
Application Number		and w	as amended on (M	M/DD/Y	YYY)		(if applicable).				
I hereby state that I have r amended by any amendme	eviewed a ent specific	nd understand the cally referred to abo	contents of the above.	ove ident	ified specification	on, including the	claims, as				
I acknowledge the duty to	disclose in	formation which is	material to patenta	bility as	defined in 37 CF	FR 1.56.					
I hereby claim foreign prior certificate, or 365(a) of any America, listed below and h or of any PCT international	PCT inte ave also id	mational application	on which designate checking the box. a	d at lea	st one country on application fo	other than the or patent or inve	United States of intor's certificate.				
Prior Foreign Application Number(s)											
PP7910	Α	ustralia	12/23/9	8			T21				
PQ0258	А	ustralia	05/10/9	9			[X]				
☐ Additional foreign applic	ation numt	pers are listed on a	supplemental prio	rity data	sheet PTO/SB/0	02B attached he	reto:				
I hereby claim the benefit		J.S.C. 119(e) of an	y United States pro	visional	application(s) lis	sted below.					
Application Number	(s)	Filing Date	(MM/DD/YYYY								
					numbe supple	onal provision ers are listed d emental priorit SB/02B attach	on a y data sheet				
l <u></u>											

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

4

Please type a plu	us sign (+) inside thi	is box → +

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
, ,	me (first and middle [if any	Family Name or Surname								
20	Andrew John	MCCAUSLAND								
Inventor's Signature	DI. M	3/9/61 Date								
Residence: City	Clairemont Meadows State WALES Country Australia Citizenship									Australia
Post Office Address	15 Myrtle Road									
Post Office Address	s i									
City	Clairemont Meadows	State	New Sou Wales	ith	ZIP	2747	Country Australia			ralia
Name of Additional Joint Inventor, if any:										entor
Given Na	me (first and middle [if any])				Family Nar	ne or Si	urname		
Inventor's Signature	Date									
Residence: City		State		Country Citizenship						
Post Office Address										
Post Office Address							-			
City		State			ZIP		Count	ry		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for this	s unsign	ed inv	entor
Given Nar	me (first and middle [if any])				Family Name or Surname				
Inventor's Signature								Dat	ie .	
Residence: City		Country Citizenship								
Post Office Address										
Post Office Address					.			,		
City	State ZIP Country									

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +	PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032
	Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

DE	<u> </u>	KATIO	Y	<u> - Ul</u>	HILY	<u>VI L</u>	<u> </u>	111	rate	ill /	<u> Դ</u> Ի	nicatio	<u> </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
		12/2											
	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached bereto												
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent													
and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Place Customer Number Bar Code Label here										Code			
-	Nam	e			Registra Numb	tion	Name						stration mber
<u> </u>		ontague			36.6			F	R. Lewis	s Gabl	e	_	2,479
- 1		. Wolfson		· •	24,7								,
	illiam F	I. Dippert		ـ ا	26,7	23							
													
Additional r	registered	d practitioner(s)	named o	n suppler	nental R	egistered	Practitioner	Info	rmation she	eet PTO/	SB/02C	attached here	eto.
Direct all corr	esponde			er Numb Code La	-				OR	⋉ Co	orrespo	ondence add	ress below
Name						Mark	Monta	jue	•				
Address				Č	Cowan	, Liebo	witz & <u>L</u>	atm	an, P.C). -			
Address					1133	Avenu	e of the	Am	ericas				
City			Vew Y	ork		r	State_NY			ZIP		10036-67	99
Country		UŜA		Tele	phone	(2	12) 790	-92	00	Fax	(:	212) 575-(0671
believed to be punishable by	true; and fine or in	I statements mad further that the opprisonment, or t issued thereon.	ese state both, ur	ements w	rere mad	de with the	 knowledg 	e tha	at willful fal	lse state	ments :	and the like s	o made are
Name of So	ole or F	irst Invento	r:				☐ A petit	tion I	has been	filed for	r this u	nsigned inve	entor
Gi	ven Nar	ne (first and m	iddle (if	any])					Family	/ Name	or Sur	name	
	<u>(M</u>	Patrick Ale	xande	er						HEL	LER		
Inventor's Signature		tast	X	460	<u> </u>) Date 3/8/01						3/8/01
Residence: City Cremorne Point State WALES					ALES	Country		Aus	stralia	141	Citizenship	AU	
Post Office A	ddress			··		1/1	2 Karee	la R	Road				
Post Office A	ddress												
City		Cremorne Point	ès ZIP	2090			Country Australia			alia			
Additional	invento	rs are being na	amed o	n the _1	_supp	lemental	Additiona	Inv	entor(s) s	heet(s)	PTO/S	SB/02A attac	hed hereto